

Use of Commissary / Shared Kitchen Agreement

All Food Establishments must operate out of an approved facility located within King County. Many food operations such as Mobile Food Units and Caterers utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors.

The commissary must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen showing the food service equipment and storage to be used. (All of these items must be addressed as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- | | |
|---|---|
| <input type="checkbox"/> 3-Compartment Sink | <input type="checkbox"/> Hand Wash Sink |
| <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Dry Storage Space (square feet) _____ | <input type="checkbox"/> Freezer Space |
| <input type="checkbox"/> Restroom Access | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Key Accessibility to Commissary (If necessary) | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Preparation Table/Equipment | <input type="checkbox"/> Mop Sink |
| <input type="checkbox"/> Off Street Parking for trucks/trailers | <input type="checkbox"/> Other: _____ |

Commissary Information

Name of Business: _____ Permit Number: **PR** _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Email: _____ Business Hours of Operation: _____
 Do other vendors use this commissary? Yes No If so, how many? _____

Mobile Unit/ Caterer/ Vendor Information

Name of Business: _____ Permit Number: **PR** _____
 Owner: _____ Phone: _____
 Email: _____ Days/Time at Commissary: _____
 Address: _____ City: _____ Zip: _____

 (Commissary Owner/Agent – Printed Name & Title)

 (Mobile Unit/Caterer/Vendor– Printed Name & Title)

 (Commissary Owner/Agent – Signature & Date)

 (Mobile Unit/Caterer/Vendor– Signature & Date)

This agreement between the owner of the commissary and the operator of the mobile unit, caterer or vendor signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile unit/caterer/vendor, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King Permanent Food Service Establishment Permit may be suspended.**

Available in alternative format upon request pursuant to ADA

For Office Use Only:

Health Officer approval for use of commissary by the mobile food unit owner/vendor identified above:
 Health and Environmental Investigator/MPRAF Compliance Officer:

 Print Name

 Signature

 Date

DISTRICT HEALTH CENTERS

DOWNTOWN
 401 5th Ave, 11th Floor
 Seattle, WA 98104
 206-263-9566

EASTGATE
 14350 S.E. Eastgate Way
 Bellevue, WA 98007
 206-477-8050